Provincial Health Council Of Alberta

A Discussion Paper

Appeal Mechanisms Review

March 1996

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The Honourable Shirley McClellan
Minister of Health
127 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mrs. McClellan:

On behalf of the Provincial Health Council, I have the honour to present to you the Appeal Mechanisms Review. This report represents many hours of hard work by our Appeal Review Subcommittee, which is chaired by Council member Sharon Matthias. Members of the subcommittee include: Joe Acker, Tom Biggs, Terry Katerenchuk, Barry Mackenzie, Don McLeod and Clifford Wright.

The report represents the first stage of a multiphase review of appeal, complaint and inquiry mechanisms. The report describes the existing system, makes some initial observations and lists principles of an effective appeal system.

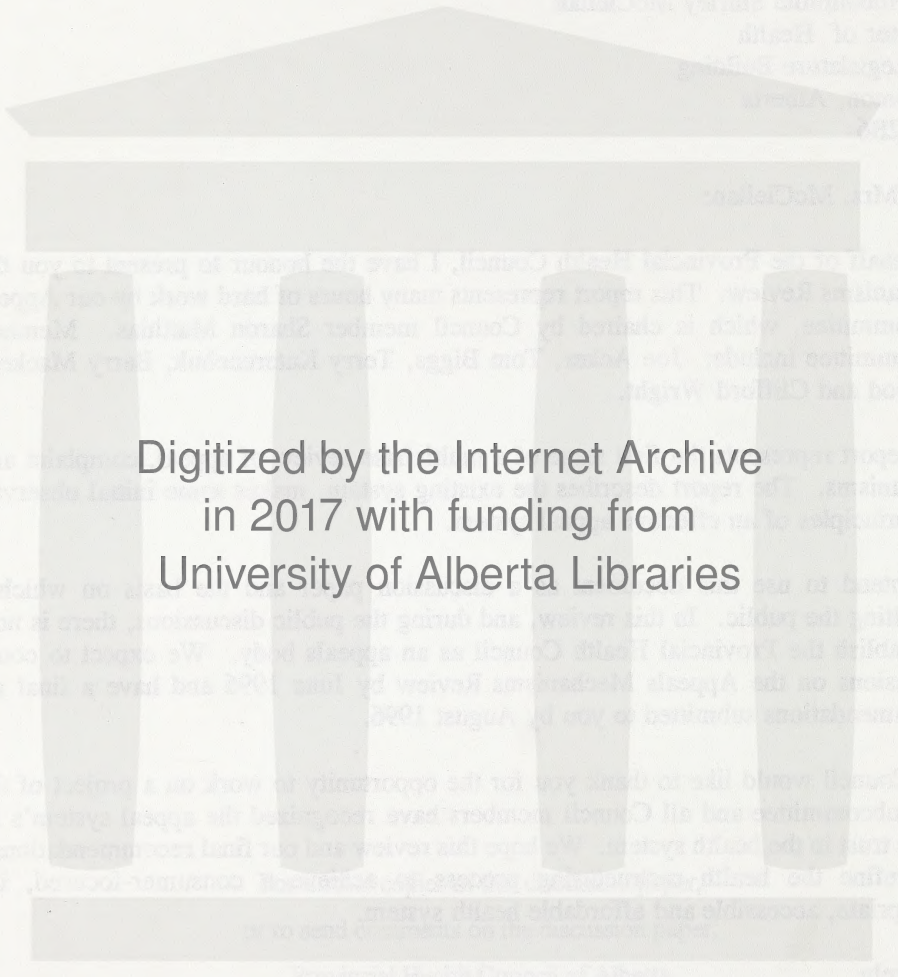
We intend to use this document as a discussion paper and the basis on which to begin consulting the public. In this review, and during the public discussions, there is no intention to establish the Provincial Health Council as an appeals body. We expect to conclude our discussions on the Appeals Mechanisms Review by June 1996 and have a final report and recommendations submitted to you by August 1996.

The Council would like to thank you for the opportunity to work on a project of this scope. The subcommittee and all Council members have recognized the appeal system's impact on public trust in the health system. We hope this review and our final recommendations will help you refine the health restructuring process to achieve a consumer-focused, integrated, appropriate, accessible and affordable health system.

Sincerely,

Hambrook

Ellen Hambrook
Chair
Provincial Health Council



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Dear Fellow Albertans:

The Provincial Health Council was established in October 1995 to monitor and assess the progress of health restructuring in Alberta. We are an arms-length body that will be advising the Minister of Health on how well the restructuring is achieving a consumer-focused, integrated, accessible, appropriate and affordable health system.

As our first task, the Minister has asked us to assess the appeal and complaint mechanisms in Alberta's health system. We are doing this in three stages. This Discussion Paper describes the results of the first phase in which we gathered information on what is currently in place and made some initial observations. We have also made some suggestions on how to assess the effectiveness of the appeal system.

This Discussion Paper provides the basis on which we can begin phase two; that is, broader discussion with the public. We would appreciate you taking some time to read this report and let us know whether or not this is how you see or have experienced this aspect of the health system.

In phase three, we will be making recommendations to the Minister of Health on ways to improve the appeal and complaint system. Our recommendations will generally reflect the input our Council receives from Albertans, so we value your input on the questions we have provided in the back of this document.

The Provincial Health Council is just beginning its mandate and has a variety of tasks ahead. We are planning a variety of ways in which the Council can have ongoing discussions with Albertans. If you are not able to respond to this Discussion Paper, I hope you will be able to participate in our future public consultation processes on other aspects of the health system.

Hambrook

Ellen Hambrook
Chair
Provincial Health Council

EXECUTIVE SUMMARY

The Provincial Health Council of Alberta was established by the Minister of Health to monitor and assess the progress of health restructuring to achieve a wellness-based health system which is consumer focused, integrated, accessible, appropriate and affordable. The Minister assigned the Council the initial task of reporting on the various appeals mechanisms currently in the health system and to provide an interim report by February 1996. **(In this review, there is no intention to establish the Provincial Health Council as an appeals body).**

This is an **interim report and discussion paper,** describing the Council's initial observations from Phase 1 of a multiphase review. It is intended to provide committee members the basis on which to begin broader discussion with the public, providers and health organizations. The general public, or members of the public with experience of the complaints/appeals system have not been consulted at this point in the review and thus the **initial observations may change in the final report.**

The Appeals Continuum: Inquiries -> Complaints ->Appeals. An appeals system is made up of a continuum of processes to respond to a patient's or client's concerns. In some situations, a legislated appeal mechanism is created to deal with specific issues. Two additional elements are important: 1. the **situation** created by a difference in a consumer's expectation and the actual service provided which gives rise to an inquiry or complaint; and 2. **feedback** to the complainant, the policy-making process and the public allow improvements to the system. All these elements must be considered when looking for possible improvements to the system.

Types of Appeals

There appear to be four current sources of inquiries/complaints and appeals in the Alberta health system:

- **appeals of services or programs,**
- **appeals of resource allocation,**
- **appeals of involuntary confinement,**
- **appeals of professional competency.**

Desirable Characteristics

In order to evaluate the effectiveness of any system, there is a need to establish benchmark criteria for success. **Principles** for an appeals system within the Alberta health system include:

- consumer-focused
- integrated
- accessible
- appropriate
- affordable
- accountable
- timely
- fair and equable

Initial thoughts on **desired results** include:

- The system improves as a result of feedback from the complaint/appeals system.
- The appeals system resolves conflicts and solves problems rather than intensifying conflicts with adversarial processes.
- A large measure of public education and expectation clarification could likely be performed by an effective complaint/appeals system. An effective complaints/appeals system is key to modifying public perceptions regarding the delivery of health care in Alberta.
- There is community acceptance of the overall complaints/appeals process and the sense that concerns are being appropriately dealt with.
- Public trust in the system measurably increases.

Current Situation

There are inquiries and complaints mechanisms throughout the system. Legislated appeal mechanisms are in place and appear to be working. Progress has been made towards health restructuring principles:

- Regional Health Authorities have moved quickly in the midst of the health reform restructuring to establish complaints and administrative appeals systems and to operate legislated appeals mechanisms.
- The process of regionalization has integrated traditional health care sectors within the Regional Health Authorities mandate.

- Work is progressing in specific areas such as Workforce Rebalancing and Ambulance services to eliminate unnecessary inefficiencies and differences.
- The Subcommittee was surprised by how few formal appeals there appear to be, given the millions of service encounters which occur in Alberta annually, though the reason for the numbers is not clear at this point.

The current structure for complaints/appeals mechanisms could not be described as a system, and there appears to be room for improvement to fully achieve the desired principles and results. This is not surprising since the various appeal mechanisms have developed over time in individual organizations which have been regulated under different legislation. Because the organizations and the appeals mechanisms have evolved over time, there has been little opportunity to rationalize the system from the perspective of the patient/client and create a consumer focused, integrated system. The Subcommittee's initial observations are that the current structure of appeal mechanisms is:

- **fragmented**
- **complex and bewildering**
- **lacking formal feedback loops**
- **limited by poor information with which to monitor quality and identify systemic problems or areas for improvement**

Further, client/patient expectations which vary from the reality of program design or service delivery, and miscommunication between the client and the provider, appear to create many inquiries and complaints. **Changing expectations and the rate of change in health reform** combine to influence expectations. A **perception that 'you can't beat the system'** may discourage people from pursuing a complaint.

Areas for Improvement. The Subcommittee has identified eight main areas to examine further:

- Reducing complexity and confusion for consumers in accessing the appropriate complaints/appeals process, while having the fewest possible steps between the consumer and the person with the information and authority to resolve the concern.
- Improving advice and assistance so a variation in citizens' ability, self-confidence and 'system knowledge' does not result in a variation in ability to get a complaint heard and resolved.
- Reducing unnecessary variations or gaps in appeals processes available for facility-based, community-based and public health services.

- Creating a consistent 'template' for complaints and appeal processes in the four major groups of delivery organizations: Regional Health Authorities/Provincial Health Boards (and their funded agencies), Alberta Health, Professions (the process recommended by Workforce Rebalancing Committee), as well as any process established for ambulance services. Also creating a route for appeals that involve two or more organizations.
- Evaluating the need for additional appeals processes for resource allocation decisions.
- Identifying quality, integrated information on the source, timeliness and resolution of complaints and appeals, to be gathered and shared on a regional and provincial basis.
- Installing formal feedback loops to the public and to the policy makers at the regional and provincial level.
- Consensus development of indicators for determining success of the appeals system at achieving desired results in ways that respect the principles of consumer focused, integrated, accessible, appropriate and affordable and support a wellness-based health system.

Next Steps. Phase 2 will involve a number of activities to gain an understanding of the public and client experiences and perceptions on areas for improvement.

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Chapter 1

Background

The Provincial Health Council of Alberta

The Provincial Health Council of Alberta was established through Ministerial Order by the Minister of Health on October 22, 1995. 16 Albertans were selected, each of them representing various backgrounds, skills, and interests. (See Appendix A for membership of the Council).

The Council is charged with monitoring and assessing the progress of health restructuring to achieve a health system which is consumer focused, integrated, accessible, appropriate, and affordable. The Council will achieve this with the following roles & responsibilities:

1) ***an annual review of Alberta Health's business plan including:***

   a) evaluation of the success of the health system in achieving Alberta's health goals,

   b) identification of strengths and areas that require greater attention,

   c) evaluation of the adequacy of existing performance measures,

   d) recommendations for development of additional performance measures.

2) ***an annual review of Regional Health Authorities' business plans***

3) ***at the request of the Minister, review and make recommendations respecting any health policy issues from a provincial or regional perspective.***

An expert panel will be appointed to advise the Council and will participate in **Phase 2**.

Purpose & Process of the Appeals Review

The Minister assigned the Provincial Health Council of Alberta the initial task of reporting on the various appeals mechanisms in the health system. A subcommittee of the Council was formed to examine the issue, develop a multiphase review process, interview stakeholders and provide an interim report to the Provincial Health Council of Alberta and the Minister by the end of February, 1996.

The *Appeals Mechanisms Review* is intended to cover **all** appeals mechanisms currently in place in the Alberta health system, including those related to operations

of the Regional Health Authorities, Mental Health Board, Cancer Board, and any operational functions remaining in Alberta Health. It will review any related operations, such as ambulance services, the practices of health professionals that are subject to external review and monitoring, and all mechanisms related to service delivery in patient care. The review will cover both legislated appeal processes and those normally routed through operational levels to senior management and governance bodies, whether from the public or practitioners and/or staff.

The Council's mandate is to assess the elements of the health system in terms of how they contribute to the progress of health reform and to the achievement of a health system which is consumer-focused, integrated, accessible, appropriate, and affordable. There is no intention to establish the Provincial Health Council as an appeals body. Individual complaints and appeals are of relevance to the degree that they illustrate a system issue.

The review will neither deal with matters covered by labor relations legislation and regulation, nor duplicate the work of other committees such as the Workforce Rebalancing Committee or the Ambulance Review Committee.

Process

The process chosen by the subcommittee for **Phase 1** of the project was to gather information on what is currently in place. This would provide committee members the basis on which to begin broader discussion with the public, providers and health organizations. Accordingly, preliminary discussions were arranged with as many of the stakeholders as could be identified, and who were available, as to the existing mechanisms in place for handling of appeals, complaint and inquiry mechanisms A number of health organizations met with the Subcommittee and were most helpful in providing information on very short notice. (See Appendix B for detailed listing)

Additionally, the Appeals Mechanisms Review Subcommittee briefly reviewed the legislation pertaining to formal appeal mechanisms and reviewed a collection of articles and documents touching upon complaint and appeals mechanisms. These documents included *Fractured Voices: A Report on the Fairness Business in Alberta by Dennis Anderson for the Alberta Division*, by the Canadian Mental Health Association and *What's Law Got To Do With It? Health Care Reform in Canada* by The Canadian Bar Association Task Force Report. (See Appendix C for detailed listing)

In **Phase 2**, the Appeals Mechanisms Review Subcommittee will discuss the appeals, inquiries and complaints system with the public to determine how it can best be structured and operated.

Wherever possible, the Appeals Mechanisms Review Subcommittee charted the relationship and process linkages to other complaint/appeals systems, such as the Court System and external reviews by the Provincial Ombudsman, Fatalities Inquiry (Medical Examiner), Freedom of Information Commissioner, etc. Charts outlining these relationships appear later in this report.

In reviewing the various mechanisms, the committee was aware that both existing and proposed systems should be evaluated on the basis of law, public policy, ethics and organizational effectiveness, using the principles of consumer focused, integrated, accessible, appropriate and affordable.

The Appeals Mechanisms Review Subcommittee determined that it would focus its review from two perspectives:

- Are the appeals mechanisms now in place working well within the parameters that have been established?
- Are these existing mechanisms appropriate in a reformed health system? (Change should only be considered where functions might be improved).

The final parameter established was that the Appeals Mechanisms Review Subcommittee would approach its work to include all perspectives but to emphasize the perspective of the health care consumer rather than the practitioner or commercial participant in the health system.

Stages and Timeframe

The Appeals Mechanisms Review Subcommittee will complete its review in a phased approach over several months. It is expected that there will be at least three Phases:

- **Phase 1** - internal information gathering leading to an interim report for the Minister;
- **Phase 2** - public input, further consultation;
- **Phase 3** - Final report findings and recommendations.

Reading This Report

This is an interim report, that incorporates data received to date. The initial observations have not been verified and have been gathered primarily from planners and delivery organizations.

Phase 2 will be much more oriented to consultation with the public. The committee will test the initial observations and understandings documented in this discussion paper and discuss the desired characteristics of an appeals system further. This interim report does not represent the final position of the Committee or the Council, and the observations and findings may change following **Phase 2**.

Chapter
2

Appeal Process Systems

Types of Appeals

During its deliberations, the Appeals Mechanisms Review Subcommittee determined that there are four current sources of inquiries/complaints and appeals:

- **Appeals of services or programs** - Deal with how a particular service was provided or not provided, whether the individual is entitled to the service, etc. The question is usually related to existing standards of practice and interpretations of policy. The policy itself is not questioned.
- **Appeals of resource allocation** - Typically policy regulated. The question is whether a particular policy cited is relevant and appropriate in the circumstances. Resolution of the issue to the satisfaction of the complainant usually requires the amendment of a policy or macro resource allocation decision, to allow staff of an organization to provide the service.
- **Appeals of restriction of liberty** - These appeals are typically legislated to ensure the protection of individual liberty in areas where the patient may not be able to exercise independent decision making authority.
- **Professional competency issues** - These appeals deal not only with the rights and concerns of the appellant, but also impact the health care professional against whom the complaint is lodged. This type of appeal imposes additional constraints on the system due to the demands of natural and administrative justice for the protection of the professional whose competency is in question.

Definitions

One of the recurring themes the committee heard was the need for clarification around terminology. What is an *inquiry*? What is a *complaint*? Does a complaint have to be written before it becomes a formal *complaint?* What is an *appeal?* It was clear that many of the organizations interviewed had differing interpretations of these terms.

The following are the definitions which will be employed in this report. These definitions are considered to be working terms for this document and should not be

considered definitive statements. **During Phase 2, the committee will work with the key stakeholders to develop accepted definitions of these terms.**

The inquiry/complaint/appeal definitions can relate to a multitude of circumstances but generally relate to a decision that may or may not have been made, a service encounter or the potential of future service access. The person initiating the process can be a patient/client, or someone interested in the care or service provided to a patient or client.

Inquiry :	A request for information related to an issue.
Complaint:	An expression of dissatisfaction with respect to an issue. The complaint does not necessarily need to be in writing. Usually this is at the patient/provider/health services administration level. However, complaints do go other routes (including to the Minister, to Members of Legislative Assembly, letters to the editor, etc.). The complainant may be requesting some action or simply "venting".
Appeal:	A request to amend, delete or reverse a prior decision. Generally, this occurs at a higher organizational level than that which made the original administrative decision. In some cases, the appeal mechanisms are legislated and formal; in others, the processes are informal and established voluntarily by the organization itself.

The Inquiry/Complaint/Appeals Continuum

Each of the source areas follows a progression from the routine inquiry made by a member of the public, through a series of administrative review mechanisms, followed in some cases by a quasi-judicial appeals process and then a final appeal to the Minister or the courts. (See Figure 1 - Next Page).

The diagram illustrates that appeals are only one part of a chain of events that typically begin with a client inquiry, patient service delivery or administrative decision of a health organization. Understanding the appeal process requires an understanding of the context under which an appeal has developed in the overall loop of client expectations, service delivery and dialogue with the health care organization involved.

Step One - The Situation

Many inquiries are the result of a difference between actual service delivery and prior expectations of the client. Others result from communications gaps between the caregiver and the patient or interested party. It is the situation which gives rise to the lodging of an inquiry or complaint.

Health Complaint/Appeals Continuum

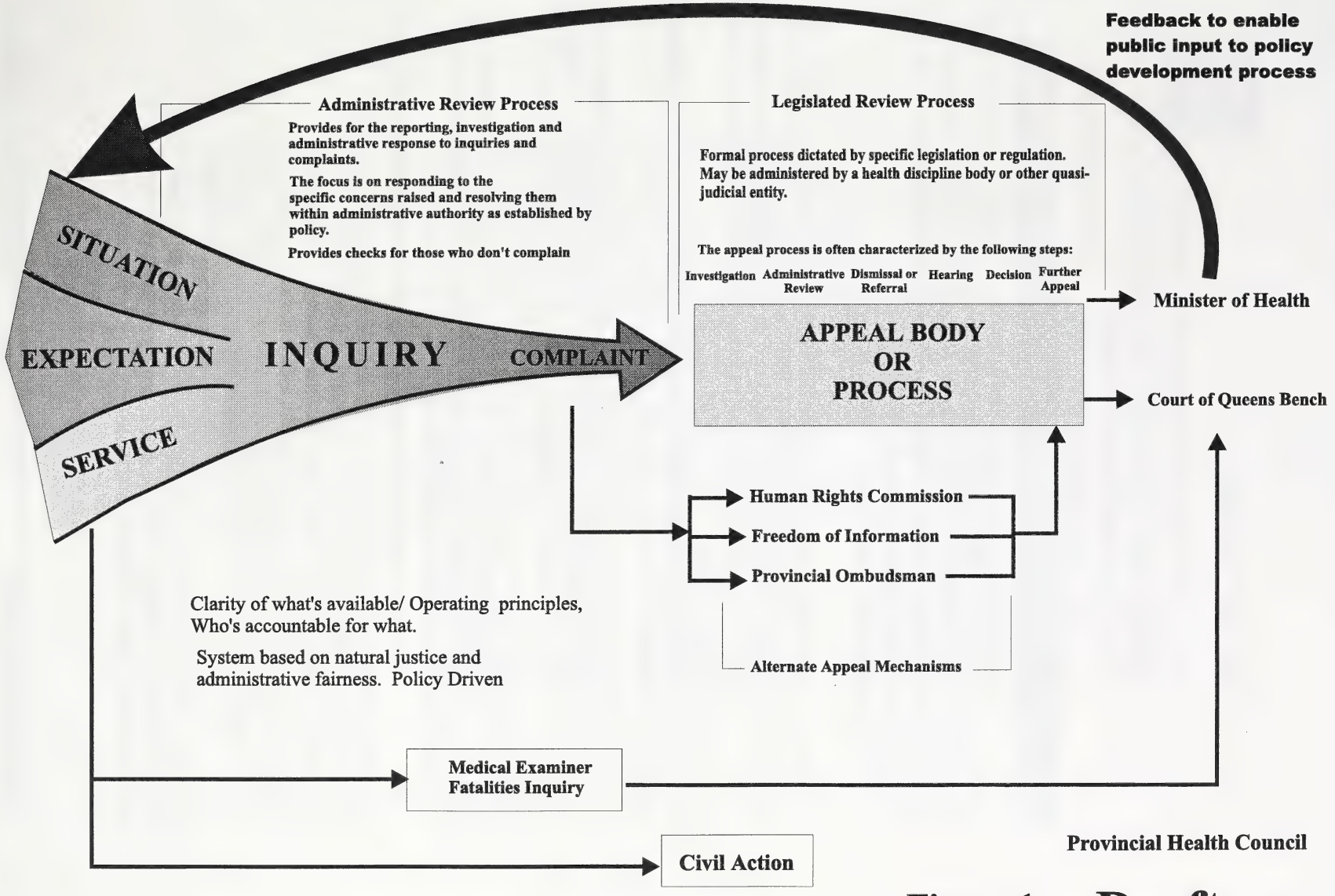

Figure 1

Draft

Step Two - The Inquiry

The next step in the process is usually an inquiry received by front line staff. The vast majority of such issues are resolved at the early stages of the inquiry/complaint continuum. At this stage, resolution of an inquiry or complaint might be as simple as aligning expectations with services available.

Step Three - The Complaint

If the response to an inquiry is unacceptable to the client, the individual may pursue the issue further. At this point, it usually becomes the subject of a complaint, either due to the inability to get further information on the matter raised or to the unacceptability of the answer received. At this point, the administrative complaints mechanism elevates the issue to other levels in the organization that have the mandate to interpret and apply policy.

Step Four - The Appeal

Appeals are the final step for the complainant in the continuum. Usually, they occur after normal administrative routes of complaint resolution have been exhausted. The appeal is generally heard by person(s) independent of operations and service delivery. The appeals processes range from very informal to quasi-judicial in nature.

Step Five - Feedback to the Complainant, Policy Development and the Public

This step in the process occurs after the appeals process has been completed and the complainant is advised of the outcome of his/her complaint. If a change in policy or a change in interpretation of existing policy is to occur as a result of the appeals process, it must be communicated back to the agencies affected.

The public also needs feedback information on how the complaints/appeals system is working in order to reach an informed opinion on the operation of the appeals system and the health system as a whole.

The appeals system needs to complement the wider health system that it supports.

Chapter 3

Current Situation

Existing Appeal Process Structure in the Alberta Health System

With the information gathered, the Appeals Mechanisms Review Subcommittee developed the graphic representing present complaint/appeals relationships in Alberta. This graphic was revised and refined several times in an attempt to make order of the confusing number of delivery organizations, legislated appeal bodies and other organizations or agencies that influence dissatisfaction, inquiries or complaints in the health system.

The multitude of separate mechanisms and access methodologies is staggering. The average Albertan would be challenged in any attempt to make a rational decision as to the approach to be taken to answer an inquiry or to resolve any dispute.

The existing appeals systems themselves are creatures of earlier times. The expectations and approaches of earlier health delivery models are changing, yet the historic systems to deal with complaints or questions related to health care delivery are still in place. Elements of judicial, regulatory or other external demands have been incorporated over time into the existing plethora of mechanisms. In some cases, this has resulted in an unintelligible, confusing or inappropriate system to deal with relatively straightforward concerns.

The graphic is shown (See Figure 2 - Next Page). **The relative clarity of the graphic should not be taken as representing the public's, or individual providers' understanding of the organizations' identities and relationships.** Their understanding is more likely to be similar to the Council's initial attempts to get a handle on the scope of the project.

The public (and practitioners, to the extent that they are involved in disciplinary processes) first interact with agencies in the inquiries/complaints process of the organization, as represented by the shaded band. The organizations interact with their clients and resolve issues through front-line staff; customer service systems; Quality of Care or other committees; and referral up the organization, including, in some cases, to the governance body. Some have Patient Advocates, who support patients in the process.

If there is a failure to resolve the complaint at the administrative level, some issues may be referred to appeal bodies that are either legislated or established by the organization itself. The formal appeal bodies are shown below the shaded area.

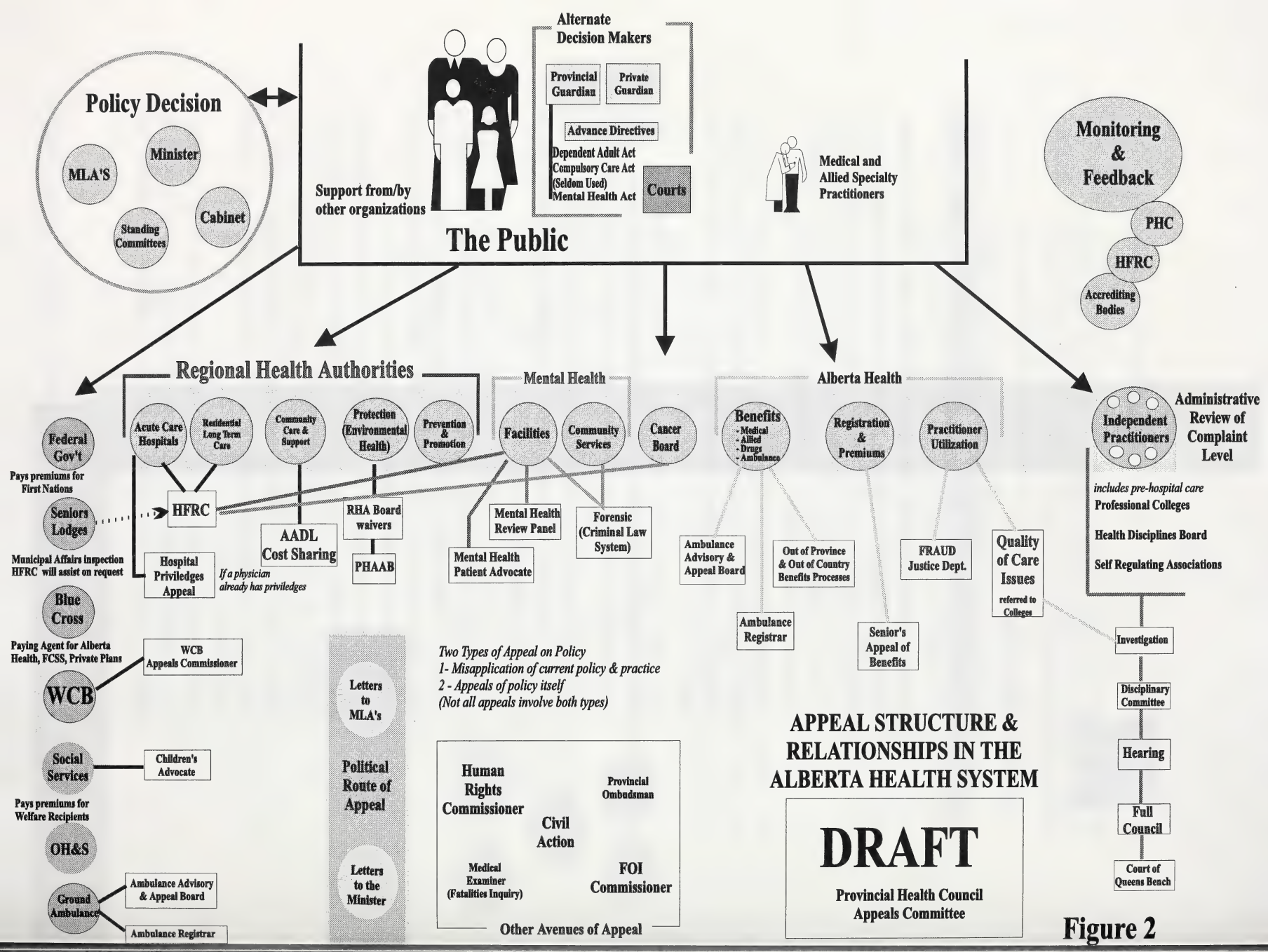
Policy Decision
MLA'S
Minister
Cabinet
Standing Committees
Alternate Decision Makers
Provincial Guardian
Private Guardian
Advance Directives
Dependent Adult Act
Compulsory Care Act
(Seldom Used)
Mental Health Act
Courts
Support from/by other organizations
The Public
Medical and Allied Specialty Practitioners
Monitoring & Feedback
PHC
HFRC
Accrediting Bodies
Regional Health Authorities
Acute Care Hospitals
Residential Long Term Care
Community Care & Support
Protection (Environmental Health)
Prevention & Promotion
Mental Health
Facilities
Community Services
Cancer Board
Alberta Health
Benefits
- Medical
- Allied
- Drugs
- Ambulance
Registration & Premiums
Practitioner Utilization
Independent Practitioners
Administrative Review of Complaint Level
includes pre-hospital care
Professional Colleges
Health Disciplines Board
Self Regulating Associations
Federal Gov't
Pays premiums for First Nations
Seniors Lodges
Municipal Affairs inspection
HFRC will assist on request
HFRC
AADL Cost Sharing
RHA Board waivers
PHAAB
Hospital Priviledges Appeal
If a physician already has priviledges
Mental Health Review Panel
Mental Health Patient Advocate
Forensic (Criminal Law System)
Ambulance Advisory & Appeal Board
Out of Province & Out of Country Benefits Processes
Ambulance Registrar
Senior's Appeal of Benefits
FRAUD Justice Dept.
Quality of Care Issues
referred to Colleges
Investigation
Disciplinary Committee
Hearing
Full Council
Court of Queens Bench
Blue Cross
Paying Agent for Alberta Health, FCSS, Private Plans
WCB
WCB Appeals Commissioner
Social Services
Children's Advocate
Pays premiums for Welfare Recipients
OH&S
Ground Ambulance
Ambulance Advisory & Appeal Board
Ambulance Registrar
Letters to MLA's
Political Route of Appeal
Letters to the Minister
Two Types of Appeal on Policy
1- Misapplication of current policy & practice
2 - Appeals of policy itself
(Not all appeals involve both types)
Human Rights Commissioner
Provincial Ombudsman
Civil Action
Medical Examiner (Fatalities Inquiry)
FOI Commissioner
Other Avenues of Appeal
APPEAL STRUCTURE & RELATIONSHIPS IN THE ALBERTA HEALTH SYSTEM
DRAFT
Provincial Health Council
Appeals Committee

Figure 2

Decisions of bodies can be appealed to the Court of Queen's Bench on questions of procedure.

Informal appeals are also made to the Minister of Health on those issues which do not have legislated appeal processes. Citizens can also take issues directly to the courts, the media or their local Member of Legislative Assembly. Where the situation fits within their mandate, citizens can pursue their case with the Provincial Ombudsman, the Freedom of Information Commissioner or the Human Rights Commission.

Other routes of appeal that touch upon the health care delivery system include those administered by such agencies as Alberta Family and Social Services, federal government agencies dealing with native and immigrant populations, Workers' Compensation, Blue Cross and seniors housing agencies. Each of these external agencies has the capacity to influence public perception as to the adequacy of their health care system when members of the public do not distinguish between agencies when pursuing a grievance.

Policy Decision

For legislated appeal bodies, the required elements of the appeal system are set out in legislation. Procedures and policies that flow from these legislated mandates are developed by health agencies in accordance with current public policy. As circumstances change and public policy evolves into new legislation, there may be no opportunity or will to accumulate and review the mass of agency procedure which might require amendment.

Legislation relating to appeal mechanisms are referenced in Appendix D.

Monitoring

Monitoring of system effectiveness has historically been carried out by Alberta Health, the Health Facilities Review Board or accrediting bodies. There is no province-wide monitoring system that integrates reports from the various agencies to provide an overall view of client satisfaction with the appeals process and the health system.

Initial Observations

There are inquiries and complaints mechanisms throughout the system and, where legislated, appeal mechanisms are in place and working. There is anecdotal evidence to suggest that these are providing benefits to Albertans.

- People are working hard under massive change at all levels, from front-line workers, to managers and board members.
- Anecdotal evidence suggests that complaints are presently being handled appropriately.

- The process of regionalization has broken down some barriers between traditional health care sectors.
- Work is progressing in specific areas such as Workforce Rebalancing and Ambulance to reduce or eliminate unnecessary inefficiencies.

While the relatively small number of complaints, together with anecdotal evidence from select organizations and the provincial health survey would seem to suggest that individual patient issues are being addressed, the evidence is not conclusive.

In fact, the Appeals Mechanisms Review Subcommittee was struck by how few formal appeals there appear to be in the system, given the millions of service encounters that occur in Alberta annually. It is the impression of the committee that individuals who have specific concerns are usually dealt with in a timely and appropriate manner. The perception of others, and of people who do not have direct experience with the complaints/appeals system, may be different. This is reflected in surveys that show users of the health system have higher levels of satisfaction than those who have not.

One of the objectives in **Phase 2** of this review will be to verify these opinions. Critical questions are:

- Has the 'silent majority' been withholding complaints?
- Is the system so overwhelming that people simply do not pursue valid complaints?
- Are people overwhelmed by health professionals and organizations and reluctant to pursue issues?

Initial observations include many individual issues. The Appeals Mechanisms Review Subcommittee has grouped them as follows:

Complexity of the System

If a system appears to be complex and confusing, the likelihood is that the public will simply avoid using it. Due to the complexity of the system, it is believed that many Albertans do not know about existing inquiry/complaints systems. The following observations deal with this perception:

- All Regional Health Authorities and professional bodies have some form of complaints system; some have established 1-800 numbers for easy access. All follow the legislated appeals processes, but there is a wide variation in process for inquiries/complaints.
- There is no map of the health system and related appeals mechanisms, which made it very confusing for the Council and, most likely, for the individual Albertan to comprehend the system. Figure 2 is the initial attempt of the Committee to clarify the structure and relationships in the appeal system.

- There is no clearly defined entry point of access for an individual to use. Where one brings a complaint depends upon the nature of the issue and what his/her knowledge is of the process. Some experts with professional support find it difficult to navigate through the existing system.
- There is no standard terminology when discussing health reform or the stages of the complaints/appeals continuum.

Fragmentation, Duplication & Isolation

There is no integrated appeal system in Alberta, although some integration has been achieved through creation of Regional Health Authorities. Each organization and profession has its own process. The Appeals Mechanisms Review Subcommittee's initial impression was of a very fragmented process, difficult to navigate and understand. Upon further review, the system appears more logical and orderly, but this would not be apparent to members of the public or to organizations and providers within the health system. (The Council went through several revisions to come to an understanding of the relationships in Figure 2 and still is not certain it is complete).

Individual disciplines and service delivery systems have developed over time and have been regulated under different pieces of legislation and government regulation. Because these have evolved over time, there has been little opportunity to rationalize the system from the perspective of the patient/client.

With the integration provided by regionalization, health services are now provided through four main types of organizations: Regional Health Authorities and Provincial Health Boards; Alberta Health; independent practitioners; and the non-profit or profit agencies funded by the other organizations. However, processes in these organizations, and in the public health sector, health facilities sector, and those dealing with allied specialties and services are often dissimilar and incompatible because their governing regulations differ.

The existing appeals systems themselves are creatures of earlier times. Health delivery models are changing, yet the systems that deal with complaints or questions related to health care delivery are not. Elements of judicial, regulatory or other external demands have been incorporated over time into the existing mechanisms. In some cases, this has resulted in an unintelligible, confusing or inappropriate systems to deal with relatively straightforward concerns.

Health disciplines, Alberta Health, and Regional Health Authorities and Provincial Boards have elements common to all inquiry/appeals systems. Processes vary and some are more formalized and offer greater flexibility to the client in arbitration or other issue resolution mechanisms. The present inquiry/appeal systems appear to operate independently and without feedback loops.

Client/Patient Expectations

- Most organizations suggest that this gap between client expectations and what is actually provided results in a large proportion of their complaint volume.
- Many complaints, particularly to the practitioner colleges, appear to be the result of miscommunication between the client and the practitioner.
- There are sometimes differences between what the public perceives as being available in a given Regional Health Authority area versus the actual service offerings of the area.
- The expectations and dissatisfaction may be influenced by third parties. For example, concerns may arise from family and friends - even when the patient is satisfied with the care provided. Complaints can be influenced by factors outside the health system, such as a Workers Compensation Board requirement to return to work.

With the passage of time and changes in public policy approach to the delivery of health services, there are indications that public expectations are changing. Some of these expectations are founded upon change which is not specifically related to health care reform but rather is operating in the wider social arena:

- Providers are becoming much more aware of the demands to expand public involvement and to make processes more public and accountable.
- There is a shift in expectations as to what a fair and equitable appeals system should be. Issues are arising today that were never questioned in years past. For example, public involvement in disciplinary appeal processes has only recently become an issue.
- The ability and desire for self-advocacy is much more widely recognized today.

Current Context (Health Reform) Issues

Changing a health system that has served Albertans for so long can cause anxiety and confusion. Below is a sampling of some of the issues and concerns the committee heard and will explore further in the next phases of the review:

- Some Albertans feel that changes are happening too fast and aren't being adequately evaluated.
- Some members of the public may be unclear about the role of the Regional Health Authorities.
- Some of the public do not like the changes taking place in their communities and don't know who is responsible.

- Some Albertans feel they have received high-quality health services.
- Now that local hospital and health unit boards have been disestablished, some Albertans are unsure about where to take their concerns. They don't know who is in charge.
- Some Albertans like the idea of integrating facility-based and community based services.
- Some health service providers do not feel involved in health restructuring or that their concerns are being heard.
- Some say labour unrest is a cause for concern - the attitude of the public is influenced by labour activism.

Perception of Equity

A commonly held perception is that "you can't beat the system". This often discourages people from pursuing a complaint.

- Organizations have access to a wide variety of resources to deal with issues, while individuals do not. This promotes the perception that the system is weighted against the individual.
- A common observation was that many individuals are overwhelmed by health organizations or professionals and, as a result, do not pursue their issues.
- The public may be afraid to complain because of a perception of possible consequences from the Regional Health Authority/Provincial Health Board, the health agency or the practitioner.
- Some clients need advocates to support or advance their cause.

Sometimes, the situation is actually reversed and the client has a strategic advantage over individuals representing the system. The committee was apprised of a case, in which a practitioner was 'stalked' over a period of time by an unhappy patient.

Gaps & Inadequacies

In the existing complaints/appeals system, there appear to be gaps and inadequacies:

- The system does not appear to be client-friendly at present.
- The system is perceived to be adversarial, resulting in winners and losers. This is particularly true of those legislated appeal processes, which bear much similarity to criminal justice system processes. Many individuals are simply looking for a hearing and a chance to voice their issues and concerns to a sympathetic third party.

- Liability concerns may prevent health delivery organizations from apologizing early on in the appeals process, where this approach is warranted.
- There is limited communication across organizational boundaries which limits the ability to identify larger system problems.
- There is no formal mechanism to appeal Regional Health Authority or Provincial Health Board governance decisions regarding service availability and delivery of those services.
- Many pressure points in the system now relate to services moving from institutional care to community care, and there appears to be no appeals process regarding placement and availability of service beyond an organization's boundaries. There are no appeal systems which cross organizational boundaries.
- There appears to be no place where people can register their satisfaction.
- As with any system of this magnitude, the public is often unsure of where the decision-making authority actually resides.
- Staff can be caught between their desire to act as a patient advocate and their role as an organization representative.
- Practitioners can be caught between their desire to provide unlimited services to an individual and the need for stewardship of resources.
- There is no feedback process which allows a member of the public to influence a review of outdated or inappropriate interpretation of public policy, as expressed through program and service delivery procedures.
- There are no apparent feedback mechanisms for the system-as-a-whole.

Insufficient Information

The lack of solid, statistical information on the volume of appeals, on the status and disposition of appeals and on the programs and services offered in the health system creates difficulties for both the appellant and those within the system who must deal with complaints and appeals.

- There is a great deal of conflicting opinion as to the status of the health system. Perceptions appear to be different from reality. While some have said that the system is failing, information from the Provincial Health Survey and providers indicates that complaints and appeals are either stable or falling.
- Information on volumes of inquiries and complaints is not readily at hand. This is partly due to the lack of standard definitions for the appeals process components and the difficulty and labor intensiveness of recording and reporting information on inquiries and complaints.

- There is insufficient 'hard' information available to the public as to the status of health reform, the availability of services, who to talk to etc.
- Some members of the public perceive that it is useless to complain due to a number of perceptions: the decisions are already made and will not change due to further input; that Regional Health Authorities, other health agency authorities, and practitioners will cover up their own inadequacies; or that there is no point in complaining because there is no money available to solve the problems.

In summary, it appears that much work has been done in establishing complaint/appeal mechanisms in the various sectors of the health system, but that further progress required.

Phase 2 discussions with the public and health organizations will examine how best to structure an appeals system so it embodies the principles of a consumer-focused, integrated, accessible, appropriate and affordable health system.

In Phase 2, the Appeals Mechanisms Review Subcommittee will be examining the question of whether the system needs a substantial overhaul, or whether the system is largely sound and needs to be complemented by more Albertan-friendly processes, supplemented by feedback loops, improved information, improved communication and support to access the system.

Also, Phase 2 will include a more detailed review of legislation and the body of supporting regulation which applies to health-related organizations to identify the gaps and overlaps, and to determine the degree of consistency in approach to the handling of inquiries, complaints and appeals. This review will incorporate the perspective of the Workforce Rebalancing Committee recommendations.

Chapter
4

Characteristics of an Ideal Appeals System

In evaluating any system, it is necessary to define the principles which support the existing system. The following have been proposed as possible system principles. They will be tested through public input in **Phase 2** of this study.

It is also recognized that any complaint/appeals system geared to the reformed Alberta health system environment will not be simple or straightforward. There is no simple 'one size fits all' system which can address the complexities of modern health system delivery. The range of services and situations which can apply to any individual is staggering. The gravity of the problem can range from life threatening (e.g. in acute trauma or fatal disease management) and freedom limiting (e.g. in mental health settings), to minor complaints (e.g. quality of food services in an institution).

Appeals System Design Principles

The result of an appropriately designed and delivered inquiry/complaint/appeals system should be a better Alberta health care system, which is consumer focused, integrated, appropriate, accessible and affordable. These, plus principles of accountability, timeliness, fairness and equality are important principles to guide the design and operation of the appeals system.

Phase 2 discussions will explore the mechanisms to monitor and report back on how the appeals system is expressing these principles.

Consumer Focused

There are a number of characteristics which give expression to the principle:

- Overall, the system must be fair and equitable and must be seen to exhibit these qualities.
- There must be open and transparent access to the system without imposing inordinate costs or additional effort on the appellant.
- The client must be aware of all options (if appeal mechanisms are not known by the public, there can be no access exercised).
- There must be consistent follow-up to ensure that individual complaints are not lost in the system.

- The client must feel that their case has been fully heard and that they have adequate backup routes for appeal. This must be balanced against the system costs of complaint/appeal management.
- The system should be convenient and easily accessed by the public. There should be no need for special skills to fully utilize the system.
- While the process should not in itself be seen as an invitation to complain, there is a need to ensure that all members of the public are aware that they have access to a client-friendly system.
- Where individual access to the complaint/appeals system requires the expenditure of resources, the interests of the individual must be equitably balanced against the interests of the agency being complained about. If that agency does not bear the costs of the appellant, there is a need to ensure that fairness and ability to pay are considered.
- The process should recognize that most complaints and inquiries will not proceed beyond the initial contact if properly handled. Those issues which require policy review or change should proceed quickly to the stage where action is possible.
- The focus must be on the client's needs - not on administrative efficiencies which might be impacted by responding appropriately to a defined problem.
- There must be a problem-solving orientation to the system design rather than a focus on defensive 'win/lose' approaches which develop into adversarial relationships between the care provider and the client. Alternate dispute-resolution approaches are integral to the initial stages of the inquiry/complaint/appeal continuum.
- The front-line staff who are the first contact personnel should be knowledgeable. They should be seen as friendly, open and completely objective.
- There is a need to ensure that health services are consistently delivered across the province.
- The appeal process must be as public and transparent as possible while preserving the right of individuals to privacy. The principle should be 'public unless compelling reasons dictate otherwise'.

Any client-focused system should ensure that an appeals mechanism includes public representation to ensure that the client's needs are recognized and that the client's desired outcome is addressed. The extent of public representation will vary with the significance of the issue and should involve like-minded people as much as possible. In the event that the appeals mechanism determines that the client's grievance is not supported, there should be an opportunity to advance alternatives for consideration by the appellant.

The patient or client's appeal should not be seen as a challenge to the provider or agency. Currently, the onus is on the client to prove the decision was wrong, the service was inadequate or their situation deserves an exception. **Phase 2** will include discussions on where the onus of proof needs to rest, and the implications of the decision. In the event that the service cannot be provided, the client should receive an explanation of the agency or provider's reasons for denying the service requested.

Integrated

Integration can be considered in a number of dimensions that relate to the appeals system:

- Integration across the province so that all Albertans can equally access the system.
- Integration of the recording and reporting of resolved/unresolved issues so information can be fed back locally, regionally and provincially.
- Integration of the appeals system and the policy design systems through feedback loops.

The system must have the capability to transcend boundaries between agencies, regions and disciplines in the dispute investigation and resolution process and must ensure that disputes are appropriately resolved and reported where more than one region or organization is involved.

Appropriate

The appeals system must support the health system in achieving its objectives.

Any inquiry/complaint/appeals process should follow due process to ensure that it does not itself contribute to the avoidance of existing policy or program delivery procedures. The reformed system should, wherever possible, resolve issues at source as they arise. There should be continuous quality improvement orientation to address the complaints system itself and the wider health-care delivery environment.

- Due process must be followed to ensure that individuals do not use the complaint/appeals system to 'end run' organizational procedures. It is equally necessary to ensure that complaints focused on inappropriate application of policy are not frustrated.

Accessible

The inquiry/complaint/appeals system should be simple to access (easily understood, take little effort) throughout the province. It should be designed to be convenient for the general public, not for professionals or for those with special skills. The system should focus on the patient or client's needs and must be flexible enough to deal with the realities of any particular region of the province.

- The appeals system must be elastic in terms of ability to deal with volume. For example, it should be prepared to deal with occasional surges when a policy change or major service delivery adjustment is made.
- The system must be adaptable to client characteristics (language, ability to self-advocate, etc.)

Affordable

- Affordability equates to cost effectiveness, both from the health system perspective and from the client's perspective in utilizing the complaint/appeals system.
- Appeal processes must take into consideration the local or system resources available to deal with the problem at hand.
- Where costs are to be allocated, standard procedures and guidelines must be in place to ensure consistency.
- The cost of the appeals system must be considered.

Accountable

Accountability covers several aspects:

- There must be a clear mandate with respect to authority, jurisdiction and results expected from each of the agencies comprising the health care delivery spectrum, each individual staff and provider, as well as the client/patient and the general public. There must be an end point to the appeal process.
- Expectations of the design and operation of an appeals system come from the public policy and legal framework created by government as well as the effectiveness of individual health care agencies in fulfilling their independent mandate in an integrated health system.
- Organizations are accountable to work together in an integrated health system. Any solutions which simplify access, (e.g. a single point of entry to a province-wide complaint/appeals system) must be carefully designed so that they do not reduce the motivation for individual agencies to work together .
- The complainant/appellant feels that public representation in the appeal process involves like-minded people.
- In dealing with 'quality' there is a need to include two perspectives: subjective (was the appellant satisfied, were they treated respectfully, etc.) and technical quality of care (was the type of care appropriate in keeping with current professional standards, was the appropriate drug prescribed, etc.).

Timely

The appeals mechanism must be attentive to elapsed time in dealing with an issue. During the course of the appeals process the complainant needs to be kept informed of its progress. Timely response to any situation is dependent on the particulars of the situation. Sometimes the desire for speed must be balanced by the need to ensure fairness and natural justice.

Fairness and Equability

Fairness and equability are fundamental to any inquiry/complaint/appeals mechanism. There must be no question that the system provides an objective forum for dispute resolution. As well, there is a need to ensure that there is recognition of the narrow line between care provider client advocacy and health agency need for limitation of risk exposure and consequent liability. The principles of natural justice - and the extensions provided by administrative fairness (the right to understand the case against you, right to bodily integrity, right to cross-examine, right to be heard) are key to this attribute.

Other Attributes

The reformed appeals environment should be capable of handling routine and reasonable requests for program changes by directing the applicant to the appropriate channels. The development of any reformed system does not in any way alter the priority of resolving issues through discussion and negotiation with clients at the care provider interface. The inquiry/complaint/appeals process should not be the first line of communication unless accessed directly as that first contact.

It is recognized that the principles interconnect and success depends on ensuring one or more do not become a focus to the detriment of the others. There must be a tension and balance between various principles maximizing individual client needs and system needs, and the system design process must seek creative solutions to achieve a balance of all principles.

Measurement of Appeals System Effectiveness

In order to evaluate the effectiveness of any system, there is a need to establish expected results of the system as well as benchmark criteria for success. Phase 2 will allow consensus discussions with the public and providers on these elements. Initial thoughts on the benefits of an effective appeal system, and thus on the expected results, are:

- Appeals to a Regional Health Authority board or other governance body might appear to be costly in time and effort, but there is a high payback through community acceptance of the overall complaints/appeals process and the sense that their concerns are being appropriately dealt with.

- An effective complaints/appeals system is key to modifying public perceptions regarding the delivery of health care in Alberta.
- A large measure of public education and expectation clarification could likely be performed by an effective complaint/appeals system.

Benchmark criteria for success, or indicators, are developed by asking how a person determines whether there is an acceptable appeals system in place in Alberta. The following are proposed as expected results and indicators of whether or not the system is working well. Consensus discussions on these and other indicators to demonstrate that the appeals system operates in accordance with the principles of design and expected results will be developed during **Phase 2** discussions with the public, Regional Health Authorities/Provincial Health Boards, health agencies, and practitioners.

- There is a comfort level that the system is enforcing policy and that programs are being delivered as designed. Health agency policies reflect their mandate, not other goals.
- Public trust in the system measurably increases.
- The system improves as a result of feedback from the complaint/appeals system.
- There is positive feedback from the public that issues are being addressed and that complainants have a say. This does not imply that the public always 'wins'.
- Appeal findings are consistent across the province, with clearly articulated reasons for any local variation. Policies across the province mesh fully and are dealt with as an integrated unit.
- Legislation is enforced where applicable and standards of practice are enforced.
- Decisions that strike a reasonable balance between citizens and agencies, suggest that existing policies are reasonably sound and responsive to public and system needs.
- Negotiated solutions based on mutual interests are achieved wherever possible.
- The administration and boards look to the complaint/appeal system as a learning opportunity rather than as an adversarial system requiring them to defend the agency.
- Appeals information findings are public knowledge and the rationale for findings is published along with the finding
- Appeal resolution is timely and the majority of issues are resolved at the inquiry/complaint stage.

- All agencies in service delivery have clear, well defined inquiry/complaint/appeal mechanisms
- Access to the system is simple and the appellant's position is seen to be understood and dealt with.

Next Steps

Phase 1 of the Appeals Mechanisms Review focused on determining what presently is in place and developing initial observations of potential issues. This phase therefore was focused on dealing with planners and system providers.

Phase 2 is more oriented to consultation with the public. Using the data derived from **Phase 1** and this report as a discussion paper, the committee will test the initial observations and understandings documented in this report and discuss the desired characteristics of an appeals system. The committee will also circulate this paper for further input from health providers and organizations and will use the critical comments received as source material for the final report.

An objective of **Phase 2** is to gain an understanding of public and client experiences and perceptions. The committee will target the following issues:

- Listen to the public's experience of inquiry/complaints/appeals mechanisms and modify the observations arrived at in **Phase 1**.
- In discussions with the public and provider groups, validate and expand the body of principles and characteristics of an ideal appeals system and determine what indicators the public would use to evaluate the inquiry/complaints/appeals system.
- Develop and test various models for inquiry/complaints/appeals system against the principles and desired characteristics, review existing appeals system against the models.
- Prepare recommendations for the consideration of the Minister.

Appendices

A) Names of Council members, membership of Appeals Review Subcommittee.

B) Organizations which have been interviewed in **Phase 1**. (all Regional Health Authorities were interviewed or provided written information to the Council in **Phase 1**)

C) Bibliography

D) Legislation related to Appeal mechanisms

E) We Want To Hear From You

PROVINCIAL HEALTH COUNCIL MEMBERS

Chair: Ellen Hambrook, of Edmonton:
An educator, Ms. Hambrook has extensive involvement in health promotion and community-based education and recreation programs. Ms. Hambrook is a Director of the Alberta Sport, Recreation, Parks and Wildlife Foundation and was a member of the Provincial Co-ordinating Committee for the Alberta Heart Health Project.

Vice-Chair: Gail Surkan, of Red Deer:
Currently the Mayor of Red Deer, Ms. Surkan has been actively involved in examination of health care issues over the past number of years and in particular as a member of the Health Plan Co-ordination Project steering Committee.

***Joseph Acker, of Spruce Grove:**
A Mayor and a management consultant, Mr. Acker brings broad experience from previous board appointments, including his role as past chair of the Stony Plain Municipal Hospital Board, vice-president of the Alberta Urban Municipalities Association and a member of the Edmonton Area Hospitals Advisory Council.

***Thomas Biggs, of Coronation:**
A rancher, Mr. Biggs has been involved in many aspects of the health care field in Alberta including holding the position of Chair of the Health Unit Association of Alberta and Vice-Chair of the Council of the College of Physicians and Surgeons. He is currently a Board Trustee for the Alberta Heritage Foundation for Medical Research and Chair of the Technology Transfer Committee.

***Terry Katerenchuk**, of Willingdon:
A civil engineering technologist, Mr. Katerenchuk was a member of the County of Smoky Lake Council. He has served on a number of boards including the Northeast Health Unit. He also owns and operates a 2000 acre farm.

Glen Keddie, of Grande Prairie:
A small business owner, Mr. Keddie is the former chair of the Grande Prairie General and Auxiliary Hospital and Nursing Home District 16 and in addition has extensive involvement in community organizations such as the Grande Prairie Chamber of Commerce.

James Kelley, of Wetaskiwin:
A private businessman, Mr. Kelley has served as Chair of the Wetaskiwin Hospital and as an Alderman for the City of Wetaskiwin. His professional experience includes Director of Youth Services for Saskatchewan Mental Health Services in Yorkton as well as work with the Departments of Education and Social Services.

Edward Duncan Lloyd, of Coaldale:
A public servant, Mr. Lloyd has extensive experience with community-based services having served as Board Chair of the Barons-Eureka-Warner Health Unit Board and Chair of the Children's Assessment Rehabilitation and Education Centre for Southwestern Alberta.

***Barry Mackenzie, of Edmonton:**
A management consultant, Mr. MacKenzie has had extensive experience in managing consumer-driven businesses and has expertise in the private sector health industry.

Richard Marz, of Three Hills:
A farmer, Mr. Marz has served on the Three Hills and Didsbury Hospital Boards and presently is serving as a municipal reeve. He has been active in community services, including work as a volunteer for the Eltrohills Dats Society and the Kneehill Ambulance Service.

***Sharon Matthias, of Edmonton:**
A management and health policy consultant, Ms. Matthias has had extensive experience in operations and evaluation aspects of all sectors of the health system, including holding the position of Assistant Deputy Minister of Health and Regional Social Services for the Yukon government. Ms. Matthias chaired the Appeals Subcommittee.

***Reverend Don McLeod, of Calgary:**
A parish pastor, Reverend McLeod was a member of the Health Plan Coordination Project Steering Committee and chaired the Task Force on Community Health Councils. He is a member of the Board of Trustees for the Bethany Care Society and for two years chaired the Quality of Life committee of that organization.

Frank Schoenberger, of Calahoo:
Self-employed, and a Municipal Reeve and Councillor for 15 years, Mr. Schoenberger also served for 11 years as a member of the Capital Care Board, and as Chair for the last 4 years. Other work includes Chair of the Edmonton Association of Municipal Districts and Counties.

Clara Sigurdur, of Winterburn:
A small-business owner, Ms. Sigurdur is a past Band Councillor for the Enoch Indian Band and has extensive experience with native health issues through her work as a counsellor with the Kitaskinaw School and with the Nechi Institute.

Jack Thrasher, of Calgary:
A lawyer, Mr. Thrasher has held several positions in the Alberta and Canadian Bar Associations. He has also been a member of the Alberta Children's Hospital Board, the Calgary Salvation Army Advisory Board, and the Alberta Children's Hospital Foundation.

***Clifford Wright, of Medicine Hat:**
A retired pharmacist, Mr. Wright has served as President of the Alberta Pharmaceutical Association and President of the Association of Canadian Community Pharmacies. He has been involved in the health care system in Alberta for over 40 years. Mr. Wright is serving as a Board member on the National Patented Medicines Price Review Board and on the Alberta Premier's Council on Science and Technology.

* Member of Appeals Subcommittee
(The Chair of the Provincial Health Council is an ex-officio member of all subcommittees).

MEETINGS WITH ORGANIZATIONS

Alberta Health
Janet Davidson,
Don Ford,
Phil Pardo,
George Flynn
Dr. Ian Bailes,
Jon Pascoe,
Rosemary Bacovsky,

Professional & Technical Services
Alberta Labor
Denis Gardner

Provincial Guardian
Dr. Gordon Cuff

Alberta Association
of Registered Nurses
Leanne Dekker,
Georgeann Wilkin,
Susan Davis

Appeal and Advisory Secretariat
Alberta Family and Social Services
Gordon Thomas

Peace Regional Health Authority
Brian Hrab,
Erich Wahl

Mistahia Regional Health
Authority
Wilda Mitchell,
Brenda Strom,
Hilary Wynters

Capital Health Authority
Brian Lemon,
Alice Chapman

Public Health Advisory &
Appeal Board
Frank Wilkinson

College of Physical Therapists
Sue Turner

Administrative Law Group
Cook Duke Cox
Mary Marshall

Health Facilities
Review Committee
Denis Herard MLA

Alberta Blue Cross
Clarence Wepler

Alberta Pharmaceutical
Association
Greg Eiberhart,
Rick Hackman,

College of Physicians &
Surgeons
Dr. Paul Flynne

Ethics Network
Dr. John Dossetor

David Thompson Regional Health
Authority
Al Martin,
Jean Graham,
Bryan Judd

Chinook Regional Health Authority
Stan Sawicki,
Hovey Reese,
Phyllis Jones

Aspen Regional Regional Authority
Bob Jackson,
Linda Killick,
Ron Pillidge

Crossroads Regional Health Authority
Pete Langelle,
Judy Sydenham

Northwestern Regional Health Authority
Dee Hampel,
Paul Underwood

Westview Regional Health Authority
Lynda Allan,
Larry Smook

Calgary Regional Health Authority
Jeanette Pick

Provincial Mental Health Board
Ron LaJeunesse

Palliser Health Authority
John Boksteyn,
Tom Seaman

Lakeland Regional Health Authority
Dareld Cholak,
Don Carley,
Cathy Housdorff

East Central Regional Health
Rheta Prill,
Tom Lyle

(All RHA's and Provincial Health Boards provided written information, whether or not they participated in the interviews)

Appendix C

BIBLIOGRAPHY

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Ambulance Services Act

Bill 211 - Protection of Persons in Care Act

Cancer Programs Act

Conflicts of Interests Act

Fatality Inquiries Act

Government Accountability Act

Government Organization Act

Health Disciplines Act

Health Facilities Review Committee Act

Hospitals Act

Medical Professions Act

Mental Health Act

Nursing Homes Act

Ombudsman Act

Premier's Council on Status of Persons with Disabilities Act

Public Health Act

Social Care Facilities Review Committee Act

We Want To Hear From You

This interim report and discussion paper is a beginning. It will be the basis for a broader discussion with the public, providers and health organizations.

Please take a few moments to provide your comments and suggestions. Your input will help the Provincial Health Council to provide advice to the Minister on effective appeals and complaints mechanisms.

1. Are there any additional appeal or complaint mechanisms currently in place that need to be included in the "Appeals Mechanisms Map" (Figure 2)?

2. Relate a positive experience you have had in lodging an inquiry, appeal or complaint with a health service provider, health facility or health service program? What specifically made your experience a positive one?

3. Relate a negative experience you have had in lodging an inquiry, appeal or complaint with a health service provider, health facility or health service program? What specifically made your experience a negative one?

4. Do you agree that the characteristics of an ideal complaints and appeal system, as outlined in this report, are the right ones? Explain.

5. How should the effectiveness of complaints and appeals system be measured?

6. Provide any other comments or suggestions on how to improve the appeals system in the space below.

7. Other than the comments you made in question 6, how could the complaints and appeals system be more accessible? More transparent?

Optional: We may want to discuss your comments with you. If you are willing, please provide your name, address and phone number. Your comments are confidential, and will remain anonymous.

Send your comments to:

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